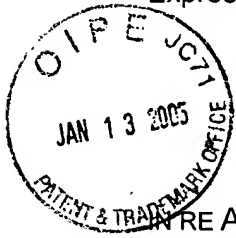


1-18-05

IFW

Express Mail No. EV522678486US

Attorney Docket No. 108298737US
Disclosure No. 03-0675.00/US



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: JAMES L. VOELZ

APPLICATION No.: 10/687,096

FILED: OCTOBER 15, 2003

FOR: **METHODS FOR WAFER-LEVEL
PACKAGING OF MICROELECTRONIC
DEVICES AND MICROELECTRONIC
DEVICES FORMED BY SUCH METHODS**

EXAMINER: SARA W. CRANE

ART UNIT: 2811

CONF. No: 7233

Amendment in Response to Restriction Requirement

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

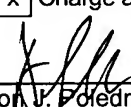
Sir:

In response to the Office Action dated December 13, 2004, please amend the application as reflected in the following listing of claims.



Express Mail No. EV522678486US

Attorney Docket No. 10829.8737US
Disclosure No. 03-0675.00/US

AMENDMENT TRANSMITTAL LETTER				Docket No. 108298737US	
Application No. 10/687,096-Conf. #7233		Filing Date October 15, 2003		Examiner Sara W. Crane	
				Art Unit 2811	
Applicant(s): James L. Voelz					
Invention: METHODS FOR WAFER-LEVEL PACKAGING OF MICROELECTRONIC DEVICES AND MICROELECTRONIC DEVICES FORMED BY SUCH METHODS					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	38	- 67 =	0	x	
Independent Claims	3	- 10 =	0	x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-0665</u> as described below.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1:17.					
 Aaron J. Poredna Attorney Reg. No.: 54,675				Dated: <u>January 13, 2005</u>	
PERKINS COIE LLP P.O. Box 1247 Seattle, Washington 98111-1247 (206) 359-8000					